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APPLICANTS

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**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

UNITED KINGDOM 0310947.7 05/13/2003

**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED *** SMALL ENTITY ****

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Foreign Priority claimed 35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Met after Allowance Initials	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and NIKI MARINA ELOSHWAY/ Examiner's Signature			UNITED KINGDOM	7	10	1

ADDRESS

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TITLE

Retractable straw device

FILING FEE RECEIVED 515	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)

- 1.17 Fees (Processing Ext. of time)
- 1.18 Fees (Issue)
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